

C.G.S. 10-145d, P.A. 03-168

www.state.ct.us/sde

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PHONE - -
(Home)

$$\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

(Work)

1. Native American
2. Asian/Pacific Islander
3. Black
4. White
5. Hispanic

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E-MAIL ADDRESS

1. Type of certificate held:

2. Identify endorsements on your certificate.

ENDORSEMENT #4

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3. ☐ Check box if you are requesting a name change

ORIGINAL SIGNATURE OF APPLICANT

DATE _____

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REV. 7/03

C.G.S. 10-145

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CONNECTICUT STATE DEPARTMENT OF EDUCATION

Bureau of Educator Preparation and Certification

P.O. Box 150471 – Room 243

Hartford, CT 06115-0471

www.state.ct.us/sde

INSTRUCTIONS TO REQUEST FOR DUPLICATE CERTIFICATE

- ☐ a. Complete application on the reverse side.
- ☐ b. Sign and date this form.
- ☐ c. Enclose a money order, cashier's check or certified bank check in the amount of \$25 **per copy requested**, payable to "Treasurer, State of Connecticut."
- ☐ d. Return completed form to the Bureau of Educator Preparation and Certification.

Information on this application is subject to disclosure pursuant to the Freedom of Information Act.